File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of On	ganization)		ORM I
Vote Radke		l l	ND 0
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(2) State PAC (3) State Party didate (7) School Board or Other Political	(Re	V. 07/2007) DISCLOSURE REPORT Office Use Orlly Im. #
CANDIDATE COMMITTEES ONLY:		1	ged in
Candidate Name	Political Party (if applicable)	1	nned
Susan Radke	Democrat	Con	nputer W/S
Office Sought Representative	District (if Senate or House)	Aud	ited 10-13-08
Late reports are subject to possible civil and criminal penalties. F	Pursuant to lowa Code sections 68B.32A(7) a	ınd 68A.	401(3), the candidate, for a
Kara Kullmat	(515) 387.2621	10	19/108
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	. 44	DATE SIGNED
I AM FILING A 1078/08	REPORT FOR (1) ELECTION /(2)	NON-EL	LECTION YEAR.
(report date)	Indicate by # 1	_	
CHECK IF AMENDMENT TO REPORT DATED 5/14/08	Loca	l Commi	ttees, enter Date of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	1005		al Committees, enter County in n is held
	William	I LIBORIO	
CTATEMENT OF CACH ON HAN	In .		
STATEMENT OF CASH ON HAN			
	•		
CASH ON HAND at the beginning of the reporting period. (1	otal of all funds held by the	\$	0.00
CASH ON HAND at the beginning of the reporting period. (1	otal of all funds held by the	\$	0.00
CASH ON HAND at the beginning of the reporting period. (1	otal of all funds held by the cash on hand at the end first report filed.)		0.00 178.00
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the the last reporting period or must be zero if this is TOTAL MONEY TAKEN IN THIS PERIOD Thedule A: Cash Contributions total (Attach Sche	otal of all funds held by the cash on hand at the end first report filed.)	····	
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CASH ON HAND at the beginning of the reporting period. (I committee. This amount MUST be the same as the effect of the last reporting period or must be zero if this is TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule F: Loans Received total (Attach Schedule F: Total Sales of Campaign Property (At	Fotal of all funds held by the exact on hand at the end first report filed.) Indule A) (*also see in-kind below)		178.00 1,000.00
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CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the committee. Thi	Total of all funds held by the e cash on hand at the end first report filed.) Indule A) (*also see in-kind below)	\$	178.00 1,000.00 0.00 1,178.00 785.00 0.00
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CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the committee. This amo	fotal of all funds held by the a cash on hand at the end first report filed.) dule A) (*also see in-kind below)	\$	178.00 1,000.00 0.00 1,178.00 785.00 0.00 393.00 0.00 0.00 0.00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Vote Radke	AMENDING FORM
VOIC RAUNG	NO CHANGES

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	Sandra & George McJimsey			
3/9/08	CK#	2236 Storm St Ames, IA 50014		\$50.00	
	ID#				
3/9/08	CK#	Marguerite & Harold Jr. Mc Nabb 1232 Wisconsin Ave Ames, IA 50014		25.00	
	ID# .				
3/9/08	CK#	Susie Petra 2011 Duff Ave Ames, IA 50010		20.00	
	ID#				
3/9/08	CK#	JoAnna Courteau 1120 Garfield Ave Ames, JA 50014		20.00	
	ID#			<u> </u>	
3/9/08	CK#	Marcia & John Thompson 2728 Meadow Glen Rd Ames, IA 50014		20.00	✓
	ID#				
3/9/08	CK#	Pass the Hat - Cash 823 Ashwood Dr Huxley, IA 50124	·	43.00	/
	ID#				
	CK#				<u> </u>
<u></u>	ID#				
URE 6 3:01	CK#				
YO T	ID#				
HCS A ISCLO	CK#				
	ID#				
CAMPAIGN DISCLOSURE BD 2008 OCT -9 PM 3: 01	CK#				
CAN			SUB-TOTAL	\$ 178.00	
		TOTAL (if last pag	e of this schedule)	¢ 178.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ______

\$ 178.00

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME ()	Must be sa	ame as on	Statement of Organization	on)
Vote Radke				

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE	AMOUNT
EXPENDED (MM/DD/YR)	(If applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Carter Printing	2000 Postcards	
3/12/08	CK#1091	1739 E Grand Ave Des Moines, IA 50316	2000 rosicarus	\$ 285.00
	1D# 9098	Iowa Democratic Party	VAN access	
4/30/08	CK#1092	5661 Fleur Drive Des Moines, IA 50321	VIIII access	500.00
	ID#			
	CK#		,	
	ID#			
	CK#			
	ID#			
	CK#			
ے ض	ID#			
URE B 3: 02	CK#			
P	ID#			
9 6-	CK#			
]	ID#			
MPAIGN DISCLOSURE BD.	CK#	-		
ै			SUB-TOTAL	\$ 785.00
			TOTAL (if last page of this schedule)	\$ 785.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campalgn property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1	. 1	
Page _		of_	

Vote Rad	EE NAME(Must be same as on Statement of Organike s schedule reports money loaned to the committee PAID LOANS FROM <u>LAST</u> REPORTING PERIOD	which is deposited in	the committee a	ccount.			
() ij	MONETARY LOANS RECEIVED <u>THIS</u> REPORTING Original source of loan, such as a bank, must be sh nvolved. Include loans from candidate's personal fu	own if a third narty ie		PART II - MO (Los	ONETARY LOAN REPAYMENTS MADE TH ans forgiven must be reported on Schedule to	IS REPORTING PERIOE - In-kind Contribution	DD s.)
DATE RECEIVED (MM/DD/YF		RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
2/5/08	Susan Radke 63855 250th St Nevada, IA 50201	Candidate	1000.00				\$
RE BD. : 02							
Z008 OCT -9 PM 3: 02				·			
CAMPAIG 2008 OC							
	TOTAL (PART I)	\$ 1000.000			TOTAL CASH REPAYMENTS (PA From Schedule E — TOTAL LOANS FORGIN	/EN \$	
consanguin	law requires candidate committees to disclose the contribution to the committee. Relationship must be lity (blood relatives) and affinity (relatives by marriage candidate, but there is no familial relationship, enticolumn when it applies.	shown to the third deg	gree of	TOTAL OL	JTSTANDING LOANS END OF REPORT PE		0.00

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073





FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)	<u> </u>		
Vote Radke		RM R-2 DIS	CLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC 11) Local Ballot Issue	(Rev.	07/2007) RE	PORT
CANDIDATE COMMITTEES ONLY: Candidate Name SUSAN RACKE DEMOCIAT District (If Senate or House)	Logge Scanr Comp Audite	uter M/2 5	DV
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A. SIGNATURE OF PERSON FILING REPORT (515) 382-31-21 TELEPHONE	(7) and 68A.4(01(3), the candidated	<u></u>
I AM FILING A 5/19/08 REPORT FOR (1) ELECTION	(2)NON-ELE	ECTION YEAR.	
(report date) Indicate by #	Ή		. 9
CHECK IF AMENDMENT TO REPORT DATED	ocal Committe	es, enter Date of E	lection 3
	County & Local which Election	Committees, enter is held	A GN D
ե			
STATEMENT OF CASH ON HAND			3 6 5 8
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	s), 00 /	PH 2: 2
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)		178 OC	SURE BD.
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)		178 OC	SURE BD.
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	178 00 1,000.0 8 1,178 00 785,00 393.00	SURE BD. 2: 20 0
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	178 00 1,000.0 8 1,178 00 785,00 200.00 1,000.0	SURE BD. 2: 20 0

For	Inş	truct	ions,	See	Back	of	Form
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HEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Vote Radke	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
03/09/	NUMBER ID#	Sandra McJimsey 2236 Storm St		\$ - 00	INCOME
2008	ск# 4390	Ames in 50014 Marguerite McNabb		*50.00	
03/09/	1 '- '	1232 Wisconsin		25 00	
2008 03/09/	ск# 2853 ID#	Ames IA 50014 Susie Petra		20.00	
2008	ск# 3840	2011 DUFF AVE Ames IA 50014		20.00	
03/09/ 2008	CK# 1595	Libanna Caurteau		20.00	
2008 2008	ID# CK# 2140	Marcia Thompson 2728 Meadow Glen Rol Ames I.A. 50014		20.00	
03/09/ 2008	ck#Cash	Pass the Hat 823 Ashwood Dr Huxley IA 50124		43.00	
2000	ID#				
	ID# CK#				
	ID#				
	CK#				
	CK#				
			SUB-TOTAL	17000)

TOTAL (if last page of this schedule)

Page _____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

	********	OFF DAOK	05 5004
ruk i	INSTRUCTIONS	, SEE BAUN	UF FURIVI



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SULZDULE	
B	
(Rev. 07/03)	

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE	NAME (Must be s	same as on Statement of Organization)			
1 Vote	Racke				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPC (DESCRIBE TR		AMOUNT EXPENDED
03/12/ 08	ю# Ск# [09]	Carter Printing 1739 E Grand AVE Des Moints 1A 50316	2000 Post	cards	\$ 285.14
04/30/ 08	ск# 1092	lowal Democratic Party 5661 Fleur Drive Des Moines, 1A 50321	Membersh	iP	500.00
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
	CK#				
	ID# CK#				
			TOTAL (if last pag	SUB-TOTAL e of this schedule)	\$ 785.14 \$ 785.14
Purchases of o	certain campaign prop	DATES' COMMITTEES ONLY: Derty costing \$500 or more must also be invented by both the consulting, advertising, fund-raising, poles, and date of each type of expenditure made by bode 68A.402(3)(i).)	ling managing organizin	o services must also be	e detail itemized on

(for Schedule B)

COMMITTE	E NAME (Must be same as on Statement of Organia	zation)	Rescricing	☐ CHECK	IN-KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
\/10/ () G	Susan Rudkt 13855 2507454 Nevada 1A 50201	Self	To Carter Printing For	200.00	
			cards		
	·				
				19-	
		<u> </u>	CUR TOTAL	· · · · · · · · · · · · · · · · · · ·	

TOTAL (if last \$ page of this schedule)

Page _______of______of____

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

R INSTRUCTION	NS, SEE BACK OF FORM	®RES E(®	HEDULE	
MMITTEE NAMI	E(Must be same as on Statement of Organization)		F (Rev. 02/08)	LOANS RECEIVED
<u> </u>	ote Racke			& REPAID
	le reports money loaned to the committee which is deposited in the	ne committee account.		THIS BOX I IG FORM
TAL UNPAID LO	ANS FROM <u>LAST</u> REPORTING PERIOD \$			
RTI - MONETAI (Original s	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is in	volved. Include loans from candid	late's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT C	F LOAN
02/05/	Susan Radke 63855 250TH St	0.10	\$ 1.00	0.00
		Self	1,00	0.09
2608	Nevada IA 50201			
		•	i	į
		TOTAL (PART I)	s_\$/00	20.00
(Loans fo	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E - In-kind Contributions.)			20.00
DATE PAID (MM/DD/YR)	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD orgiven must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	TOTAL (PART I) RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT F	20 OC
(Loans fo	ngiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	I AMOUNT F	OO_OC
(Loans fo	ngiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	OO_OC
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(Loans fo	ngiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	20.00
(Loans fo	ngiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	20.00
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	AMOUNT F	20.00
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	S B	
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH F	RELATIONSHIP TO CANDIDATE* (If Applicable) REPAYMENTS (PART II) AL LOANS FORGIVEN	S B	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH F	RELATIONSHIP TO CANDIDATE* (If Applicable) REPAYMENTS (PART II) AL LOANS FORGIVEN ID OF REPORT PERIOD ative gree of tributor is	AMOUNT F	